Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
			LOSURE	Application Number	10/579,249
				Filing Date	May 12, 2006
				First Named Inventor	Koji ABE
			ıry)	Art Unit	1795
				Examiner Name	Laura S. Weiner
Sheet	1	of	1	Attorney Docket Number	740709-557

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Examiner Initials [*]	Cite No. ¹	U.S. Patent Document Number - Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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		OTHER PRIOR A	ART – NON PATENT LI	TERATURE DOCUMENTS		
Examiner Initials [*]	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.)., date, page(s), volume-issue number(s), publisher, city and/or country where published. Supplementary European Search Report (European Patent Application No. 04818499.8) dated October 8, 2009.			T^2	

Examiner	Date
Signature	Considered

^{*}EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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 $^{^1}$ Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.